MUL. PLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERJALNO.	<u> </u>
10-519861	FILING DATE
APPLICANT(S)	

CLAIMS

	AFFER							
ŀ	AS FILED			AFTER 1"AMENDMENT		AFTER 2 MAMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	 	 						
3								
1								
5		 						
6		 , 						
7		 	l	<u> </u>				
8			1					
9								
10								
11								
12								
13								
14 .								
15								
16								
17								
18								
19								
20				-				
21								
22		J						
23								
25								
26								
27								
28								
29								
30								
31								
32								
33						-		
34								
35								
36								
37								
38								
39					$ \Box$			
40								
42 .								
43				 -				
44								
45			- 	 }-				
46								
47								
48								
49								
50								
OTAL IND.	3 1	A		B		*		
OTAL DEP	11.	6		4-	لنن			
TOTAL	2 18]ñ	And		CONTRACTOR OF THE PARTY OF THE		
CLAIMS		CELESTE.		数 建	<u> </u>	2000		

İ	AS FILED		AFTER SAMENDMENT		AFTER	
	IND.	DEP.	IND.	DEP.		_
51				DEL.	IND.	DEP.
52					1	
<u>53</u>	 					
55	┪	·				
56	 	 				
57	1	 				
58	1	 				
59		-				
60						
61						
62						
63						
64 .						
65	 		7			
66	 					
67 68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79 .						
80						
81						
82 83						
84						
85						
86		$\overline{}$				
87				<u>_</u>		
88					<u></u>	
89						
90					-	
91						
92	\Box					
93	-					
94						
95		·				
96 97]
98			 -			
99						
100		 -		 -	 -	
TOTALEND		\$		8	-	18
TOTAL DEP		₹ □		(H)	4	
TOTAL CLADAS	1	题是	推		2	XXX
		S. DEPARTM				S S S S S S S S S S S S S S S S S S S